

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGD JUN 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19314

1. PLACE OF DEATH

County Ray
Township Amidon
City St. Leon (No. 263)

Registration District No. 742
Primary Registration District No. 5977a
5444

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amidon

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to May 18, 1938.
I last saw her alive on May 18, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1886

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 70 MONTHS 4 DAYS 2 If LESS than 1 day _____ hrs. _____ min.

Date of onset

8. Trade, profession, or particular kind of work done, as splinter, sawyer, bookkeeper, etc. house wife

Carcinoma of duodenum & general metastasis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance: Hb

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

FATHER 13. NAME James Preston

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

MOTHER 15. MAIDEN NAME James

Specify whether injury occurred in industry, in home, or in public place. _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) Edwin S. House

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

18. BURIAL (CITY OR TOWN) (STATE OR COUNTRY) Ray

(Signed) Obitus E. Bucher, M. D.
(Address) Lansan Mo.

19. UNDERTAKER (ADDRESS) Edwin S. House

20. FILED May 20, 1938 Edwin S. House Registrar.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19314
Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 742
 (b) Township Lawson Primary Registration District No. 44/44 Registered No.
 (c) City Lawson (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Eda Kaeber
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 2
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED May 20, 1938 Edwin S. Prouse Local Registrar. II

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h... alive on, 19... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19..
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Oletus E. Buehler, M. D.
 (Address) Lawson mo

SUPPLEMENTARY

SHALL NOT RECEIVE A FEE IF... I.F. 21 S. 01 L THEY ARE COMPLETED & PRESCRIBED BY LAW.

